

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	10-25-01
O.I.P.E. CLASSIFIER			10/10
FORMALITY REVIEW	B2	33-22	10-25-01
RESPONSE FORMALITY REVIEW	M.D.	615	02-19-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
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BEST AVAILABLE COPY

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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949
 666
 10/25/01
 85
 02/19/02